

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/719231

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8	1						58						
9		1					59						
10		1					60						
11		1					61						
12	1						62						
13		04					63						
14		2					64						
15		04					65						
16		2					66						
17	1						67						
18		1					68						
19		1					69						
20	1						70						
21	1						71						
22		1					72						
23	1						73						
24		1					74						
25	1						75						
26		1					76						
27	1						77						
28		1					78						
29		04					79						
30		03					80						
31		04					81						
32		05					82						
33		08					83						
34	1						84						
35		1					85						
36	1						86						
37		1					87						
38		1					88						
39	1						89						
40		1					90						
41	1						91						
42	1						92						
43		1					93						
44	1						94						
45		05					95						
46		03					96						
47		03					97						
48		03					98						
49		03					99						
50		03					100						
TOTAL IND.	16						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

BEST AVAILABLE COPY